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2010 DEC 29 AM 11:02

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RQ-2



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

November 24, 2010

Joseph Blevins, Treasurer
Napa County Republican Party
4166 Burgundy Way
P.O. Box 3263
Napa, CA 94558-2501

**Response Due Date:
December 29, 2010**

Identification Number: C00455659

Reference: July Quarterly Report (4/01/10 – 6/30/10)

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **Failure to adequately respond by the response date noted above could result in an audit or enforcement action.** Additional information is needed for the following item(s):

-In order for your report to be considered complete, the Summary and Detailed Summary Pages must be filed. Please amend your report to include complete Summary and Detailed Summary Pages. 2 U.S.C. §434(b)

Please note, you will not receive an additional notice from the Commission on this matter. Adequate responses must be received by the Commission on or before the due date noted above to be taken into consideration in determining whether audit action will be initiated. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action. **Requests for extensions of time in which to respond will not be considered.**

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended.

If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530

10030524693

(at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1162.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Butler', with a stylized flourish at the end.

David Butler
Campaign Finance Analyst
Reports Analysis Division

313

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RECEIVED

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Office Use Only

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
NAPA COUNTY REPUBLICAN PARTY

ADDRESS (number and street) 4166 BURGUNDY WAY P.O. BOX 3263 NAPA CA 94558
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00455659
3. IS THIS REPORT NEW OR AMENDED (N) OR (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), January 31 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER)
(b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P), Convention (12C), General (12G), Special (12S)
(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)
Election on 11 02 2010 in the State of CA

5. Covering Period 04 01 2010 through 06 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer JOSEPH BLEVINIS
Signature of Treasurer Joseph Blevins Date 12 20 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only grid and FEC FORM 3X Rev. 12/2004

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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NAPA COUNTY REPUBLICAN PARTY

Report Covering the Period: From:

04 01 2010

To:

06 30 2010

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1,	2520	2520.24
(b) Cash on Hand at Beginning of Reporting Period.....	2070.24	
(c) Total Receipts (from Line 19)	0	0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2070.24	2520.24
7. Total Disbursements (from Line 31).....	0	0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2070.24	2520.24
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

10030524696

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NAPA COUNTY REPUBLICAN PARTY

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 04 01 2010 To: ^{M M / D D / Y Y Y Y} 06 30 2010

10030524697

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0	0
(ii) Unitemized	0	0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	0	0
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received.....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0	0
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0	0

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

10030524698

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	0
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0	0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0	0

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0	0
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0	0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0	0

10030524699

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **6** OF **12**

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

NAPA COUNTY REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

Date of Receipt

MM	DD	YYYY
----	----	------

Amount of Each Receipt this Period

Amount

A.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

B.

Full Name (Last, First, Middle Initial)

Date of Receipt

MM	DD	YYYY
----	----	------

Amount of Each Receipt this Period

Amount

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

C.

Full Name (Last, First, Middle Initial)

Date of Receipt

MM	DD	YYYY
----	----	------

Amount of Each Receipt this Period

Amount

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

Amount

10030524700

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 2

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
------------------------------------	------------------------------------	------------------------------------	------------------------------------	-----------------------------------	------------------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAPA COUNTY REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A.	Mailing Address		Date of Disbursement	
	City	State	Zip Code	
Purpose of Disbursement			Amount of Each Disbursement this Period	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼		

B.	Mailing Address		Date of Disbursement	
	City	State	Zip Code	
Purpose of Disbursement			Amount of Each Disbursement this Period	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼		

C.	Mailing Address		Date of Disbursement	
	City	State	Zip Code	
Purpose of Disbursement			Amount of Each Disbursement this Period	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

10030524701

VOID

SCHEDULE C (FEC Form 3X)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE **8** OF **12**
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

NAPA COUNTY REPUBLICAN PARTY

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

Primary

General

Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

NONE

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

10030524702

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page ____ of Schedule C

NAME OF COMMITTEE (In Full) NAPA COUNTY REPUBLICAN PARTY	FEC IDENTIFICATION NUMBER C 00455659
--	--

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
	Mailing Address	Date Incurred or Established
City State Zip Code	Date Due	

A. Has loan been restructured? No Yes If yes, date originally incurred

B. If line of credit, Total Outstanding Balance:
 Amount of this Draw:

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____
 What is the value of this collateral?
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest to come, pledged as collateral for the loan? No Yes If yes, specify: _____
 What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).
 Date account established: _____
 Location of account: _____
 Address: _____
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
 Typed Name _____ DATE _____
 Signature _____

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE
 Typed Name _____ DATE _____
 Signature _____ Title _____

10030524703

**SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans**

(Use separate schedule(s) for each numbered line) PAGE 10 OF 12
FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)
NAPA COUNTY REPUBLICAN PARTY

10030524704

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	
Outstanding Balance Beginning This Period	
Amount Incurred This Period	Payment This Period
	Outstanding Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	
Outstanding Balance Beginning This Period	
Amount Incurred This Period	Payment This Period
	Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	
Outstanding Balance Beginning This Period	
Amount Incurred This Period	Payment This Period
	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶
2) TOTALS This Period (last page this line number only)..... ▶
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NAPA COUNTY REPUBLICAN PARTY	FEC IDENTIFICATION NUMBER ▼ C00455659
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

10030524705

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought:	House	State: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One:	<input type="checkbox"/> Support	<input type="checkbox"/> Oppose
			<input type="checkbox"/> Senate	District: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
		<input type="checkbox"/> Other (specify) ▶ _____		

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought:	House	State: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One:	<input type="checkbox"/> Support	<input type="checkbox"/> Oppose
			<input type="checkbox"/> Senate	District: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
		<input type="checkbox"/> Other (specify) ▶ _____		

- (a) SUBTOTAL of Itemized Independent Expenditures ▶
- (b) SUBTOTAL of Unitemized Independent Expenditures ▶
- (c) TOTAL Independent Expenditures ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date _____

**SCHEDULE F (FEC Form 3X)
 ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
 POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
 ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
 (2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)
NAPA COUNTY REPUBLICAN PARTY

Has your committee been designated to make coordinated expenditures by a political party committee? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, name the designating committee:	Full Name of Subordinate Committee
	Mailing Address
	City State ZIP Code

10030524706

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported	Office Sought: House _____ Senate _____ Presidential _____	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ▶	NONE	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported	Office Sought: House _____ Senate _____ Presidential _____	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ▶	NONE	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported	Office Sought: House _____ Senate _____ Presidential _____	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ▶	NONE	

SUBTOTAL of Expenditures This Page (optional)..... ▶	<u>0</u>
TOTAL This Period (last page this line number only)	<u>0</u>

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 12/21/10
Delivery Confirmation™ or Signature Confirmation™ Label <input checked="" type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jm
 PREPARER

12/29/10
 DATE PREPARED

10030524707